

<i>SERFF Tracking Number:</i>	<i>META-125889211</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>40778</i>
<i>Company Tracking Number:</i>	<i>NY08-15 WW (RR)</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness Insurance Advertisement</i>		
<i>Project Name/Number:</i>	<i>CI101.08/NY08-15 WW</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Critical Illness Insurance SERFF Tr Num: META-125889211 State: ArkansasLH
Advertisement

TOI: H07G Group Health - Specified Disease - SERFF Status: Closed State Tr Num: 40778
Limited Benefit

Sub-TOI: H07G.001 Critical Illness	Co Tr Num: NY08-15 WW (RR)	State Status: Filed-Closed
Filing Type: Form	Co Status: In Progress	Reviewer(s): Rosalind Minor
	Authors: Sandra Bennett, Ruth Rivera, Linda Williams	Disposition Date: 11/06/2008
	Date Submitted: 11/05/2008	Disposition Status: Filed-Closed
Implementation Date Requested:		Implementation Date:

State Filing Description:

General Information

Project Name: CI101.08	Status of Filing in Domicile: Not Filed
Project Number: NY08-15 WW	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 11/06/2008	
State Status Changed: 11/06/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
This is a Critical Illness Insurance Advertisement Filing.	

Company and Contact

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Filing Contact Information

William D. Wilson, Staff Analyst
 501 Route 22 (908) 253-2290 [Phone]
 Bridgewater, NJ 08807

Filing Company Information

Metropolitan Life Insurance Company.	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: -99	Company Type: Life
1095 Avenue of the Americas		
New York, NY 10036-6796	Group Name:	State ID Number:
(212) 578-2211 ext. [Phone]	FEIN Number: 13-5581829	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	Advertisement Filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$25.00	11/05/2008	23720032

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	11/06/2008	11/06/2008

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Disposition

Disposition Date: 11/06/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Filed-Closed	Yes
Supporting Document	Application	Filed-Closed	Yes
Supporting Document	Fling Letter	Filed-Closed	Yes
Supporting Document	NAIC Transmittal Form	Filed-Closed	Yes
Form	Letter to Prospective Insureds	Filed-Closed	Yes

SERFF Tracking Number: META-125889211 State: Arkansas

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Form Schedule

Lead Form Number: CI101.08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	CI100.08	Other	Letter to Prospective Initial Insureds				CI100.08.pdf

Aon Corporation
Help Solidify Your Personal Safety Net
Critical Illness Insurance from MetLife –
Enrollment deadline: November 11, 2008

<Name>
<Address>
<City, State, Zip>

Dear <First Name>:

Many employees express concerns about having enough money to make ends meet.¹ This is why the last thing that you want to worry about is dipping into your savings to pay bills should you experience a critical illness. What if there was a coverage that could help provide some type of financial protection in the event of certain critical illnesses? It's now available for employees of Aon Corporation – **Critical Illness Insurance (CII) from MetLife**. This coverage could prevent you from having to tap into savings you have already set aside.

How Does MetLife Critical Illness Insurance Work?

If you participate in the BlueEdge Gold or Silver Plan, Aon will automatically provide you with \$3,000 of critical illness insurance per covered person **at no cost to you**. In addition, all benefit eligible employees may purchase critical illness insurance equal to \$10,000 for themselves and each of their eligible dependents. So BlueEdge members get \$3,000 of coverage paid for by Aon and can purchase an additional \$10,000 of coverage.

There are three separate categories – heart-related conditions, cancer-related conditions and other conditions. As a MetLife certificate holder, if you experience a covered condition within any category and meet all the group policy and certificate requirements, you will receive a lump-sum benefit payment to use as you see fit.

Can You Tell Me More About the Offer?

As an Aon Corporation employee, you, your spouse/domestic partner*, and your dependent child(ren) now have the opportunity to enroll for a new benefit – Critical Illness Insurance from MetLife. During the enrollment period, **October 28, 2008 to November 11, 2008**, you and your eligible dependents can enroll for coverage with no medical underwriting through *My Aon Self Service*. If MetLife approves your application, your CII coverage will go into effect on **January 1, 2009**.

- | | |
|-----------------------------------|---------------------------------------------------------------------------------------|
| • Employee: | Category Benefit Amount of \$10,000 |
| • Spouse/Domestic Partner: | \$10,000 – (Same option as employee) provided the employee has enrolled for coverage. |
| • Dependent Children: | \$10,000 – (Same option as employee) provided the employee has enrolled for coverage. |

How Much Would My Coverage Cost?

<First Name>, as a <42>* year old Aon Corporation employee, your semi-monthly rate would be:

Coverage Amount	Semi-monthly Cost
\$10,000	\$X.XX

* Your age is calculated as of December 31, 2008.

(over, please)

Rates are based on five-year age bands and will increase when a covered person's age increases. Rates are also subject to change. Be sure to read the enclosed *Outline of Coverage* for details.

- Call **1 800 GET-MET 8** (1-800-438-6388) to obtain rate information for your spouse/domestic partner* and dependent children.

How Do I Enroll?

You may make your benefit elections online at *My Aon Self Service* any time between October 28, 2008 and November 11, 2008.

How Does this Plan Complement my Existing Medical and Disability Income Coverage?

Medical plans often provide coverage for hospital and medical expenses arising from a critical illness. Disability income insurance provides you with a stream of income if you are disabled and unable to work. Yet, recovering from a covered condition could mean additional expenses for you and your family. There are many expenses associated with a critical illness that these type of plans are not typically designed to pay:

Copays and deductibles
Additional child care
Mortgage and rent

Travel to treatment centers
Out-of-network treatments
Household bills

Prescription Copays
Car payments

MetLife Critical Illness Insurance can complement these other products and help give you more power over your finances should you experience a critical illness – helping you stay on your feet financially, focus on getting better and get back to work sooner.

Is There Additional Information I Should Consider?

Please read the enclosed materials carefully including the informative *Question and Answer* overview as well as the *Outline of Coverage*. If you have any questions, you can call toll-free **1 800 GET-MET 8** (1-800-438-6388) and speak with a MetLife Critical Illness Insurance Customer Service Representative (Monday through Friday, 8:00 a.m. to 6:00 p.m., EST).

Sincerely,

Clea Barth
Assistant Vice President

¹ MetLife's Sixth Annual Study of Employee Benefits Trends, March 2008

* Coverage for domestic partners and civil union partners varies by state. Please contact MetLife for more information.

MetLife's CII policies are limited policies. Like most accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Coverage features and availability vary by state. In most states, there is a 30 to 90 day waiting period after the effective date of coverage. There is also a pre-existing condition exclusion which varies by state. A more detailed description of the benefits, limitations and exclusions applicable to you may be found in the Disclosure Document or Outline of Coverage. Please contact MetLife for more information.

Metropolitan Life Insurance Company New York, New York 10166.

Critical Illness Insurance - At A Glance

What is MetLife Critical Illness Insurance (CII)?

MetLife Critical Illness Insurance provides you with a lump-sum benefit payment if you or your covered dependent experience one of the covered medical conditions (as they are defined by the group Certificate) in three distinct categories.

Category 1 incorporates certain **cancer**-related conditions

- Full Benefit Cancer
- Partial Benefit Cancer*
- Bone Marrow Transplant

Category 2 incorporates certain **heart**-related conditions

- Heart Attack
- Heart Transplant
- Stroke*
- Coronary Artery Bypass Graft*

Category 3 incorporates certain **other** covered conditions

- Major Organ Transplant (other than bone marrow and heart)
- Kidney Failure

You may use this payment as you see fit to help pay for costs not typically covered by other types of insurance.

How does MetLife CII work?

If you participate in the BlueEdge Gold or Silver Plan, Aon will automatically provide you with \$3,000 of CII per covered person at no cost to you.

In addition, all benefit eligible employees may purchase a category benefit amount of \$10,000 of CII for themselves, their spouse/domestic partner** and dependent child(ren) with no medical underwriting through November 11, 2008. As a MetLife certificate holder, if you experience one of the covered conditions within any category and meet all the group policy and certificate requirements, you will receive a lump-sum benefit payment to use as you see fit. The payment amount depends on the illness you experience.

Can you explain how the category benefit payments work?

You enroll for a category benefit payment of \$10,000. If you are diagnosed with a covered condition in any of the three categories (cancer, heart and other), and meet the policy and certificate requirements, you will receive a lump-sum benefit payment. The lump-sum benefit payment you will receive works like this: 1) For coronary artery bypass graft and partial benefit cancer, you will receive 25% of the category benefit amount. The remaining 75% will be available should you experience another covered condition within the same category. 2) For all covered conditions, other than coronary artery bypass graft and partial benefit cancer, you will receive 100% of the category benefit amount (unless you have already received a partial benefit payment for a covered condition in the same category, in which case you would

receive the remaining 75% of the category benefit amount).

3) After 100% of a category benefit amount has been paid, that category will close and you will not receive any additional payments within that category. If you are later diagnosed with another covered condition that falls within one of the two remaining categories, you can receive another lump-sum benefit payment for that category.** Once 100% of the category benefit amount has been paid in each of the three categories, the coverage is terminated.

I had a heart attack ten years ago, if I were to experience another heart attack after the Certificate Effective Date would I be able to receive a lump-sum payment?

MetLife Critical Illness Insurance provides coverage for conditions that first occur after the Certificate Effective Date. If you are diagnosed with a covered condition and meet the policy and certificate requirements, you will receive a lump-sum benefit payment.

How can this coverage benefit me?

Living with a critical illness may affect your financial security and that of your family. Despite having good medical insurance, there are still expenses associated with a critical illness that many medical plans are not designed to pay. Think about such expenses as copays, deductibles, out-of-network treatments, prescription drug copays, child care, mortgage and utility payments. MetLife Critical Illness Insurance can help you keep your finances on track if you experience a covered condition.

Will I need medical insurance to apply for CII?

MetLife Critical Illness Insurance does not replace your current medical insurance. In fact, you need to have medical insurance in place to apply for this coverage. However, please note that this medical coverage does not necessarily have to be the medical coverage made available to you by Aon Corporation.

What does no medical underwriting during this enrollment period mean?

During this enrollment period you will not be subject to any evidence of insurability. This is a **limited-time opportunity** to enroll for coverage without any medical questions. Provided you are actively at work and have medical insurance you will be accepted for coverage.

Who is eligible to apply?

Any full-time or regular part-time employee who is actively at work working 20 or more hours along with his or her spouse and dependent child(ren), 15 days old, on January 1, 2009, up to age 25 if full-time student, may apply for MetLife CII coverage.

How are premiums paid?

Premiums for MetLife CII will be paid through semi-monthly payroll deductions.

Payment Examples

The following is a payment example for an employee who purchased a **\$10,000 category benefit amount** where all group policy and certificate requirements for coverage have been met:

You are diagnosed with lung cancer.	MetLife would pay 100% of the category benefit amount = \$10,000. This would close Category 1 – Cancer-Related conditions. You are still eligible for benefits for covered conditions in Categories 2 and 3.
Two years later, you have a coronary artery bypass graft.	MetLife would pay 25% of the category benefit amount = \$2,500. You would still have 75% of the category benefit amount available if you experience another covered condition within Category 2 – Heart Related conditions. ++
Then, the following year, you suffer a debilitating stroke.	MetLife would pay the remainder of the category benefit amount for Category 2 – 75% of \$10,000 = \$7,500. This would close Category 2 – Heart-Related conditions. You are still eligible for benefits for covered conditions in Category 3 – Other conditions.
Three years later, you have kidney failure.	MetLife would pay 100% of the category benefit amount = \$10,000. Since you have exhausted 100% of the category benefit amounts in each of the three categories, the coverage is terminated.

The above example illustrates that during the life of the Critical Illness Insurance certificate with a category benefit amount of \$10,000, it is possible to receive a total of \$30,000. This is the maximum amount that you could receive under a certificate with a \$10,000 category benefit amount.

Questions

Call **1 800 GET-MET 8** (1-800-438-6388) to speak with a MetLife customer Service Representative (Monday through Friday 8:00 a.m. – 6:00 p.m., Eastern Time).

*For some types of cancer and a coronary artery bypass graft, you will receive 25% of the category benefit amount. The remaining 75% is available within that category should that employee experience another one of the covered conditions in that category while the certificate is in force.

**Coverage for domestic partners and civil union partners varies by state. Please contact MetLife for more information.

+ In certain instances, the covered condition is severe stroke.

++There is a 180-day benefit suspension period between diagnosed conditions in different Categories. The benefit suspension period starts when a covered condition occurs. The benefit suspension period does not apply within categories. MetLife will not pay a benefit for another covered condition that occurs during this period if it is in a different category. If a covered condition first occurs during the benefit suspension period, the next occurrence will be treated as a first occurrence.

MetLife's Critical Illness Insurance (CII) is a limited group policy. Like most group accident and health policies, MetLife CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most states, there is a 30-90 day waiting period after the effective date of coverage. There is also a pre-existing condition exclusion which varies by state. Please contact MetLife for more information.





**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

POLICYHOLDER: Aon Corporation
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT07-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a group policy that has been issued to Aon Corporation. One certificate is issued to each employee who is covered under the group policy. The group policy is a **LIMITED POLICY**. An employee applying for coverage under the group policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the group policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the group policy and certificate. This is not the insurance contract and only the actual provisions of the group policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is diagnosed with certain specified diseases for the first time after a covered person initially becomes insured under the group policy, or if a covered person has certain specified surgeries for the first time after a covered person initially becomes insured under the group policy.
- 3) MEDICAL COVERAGE REQUIRED** – The policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You must have medical insurance in place to apply for coverage under the group policy.
- 4) BENEFITS OF YOUR CERTIFICATE**
Bone Marrow Transplant, Heart Attack, Heart Transplant, Kidney Failure, Major Organ Transplant, Stroke, Full Benefit Cancer, Partial Benefit Cancer, and Coronary Artery Bypass Graft (the "covered conditions") are the only diseases or surgeries for which a covered person may receive benefits under the certificate. Covered conditions are grouped into three categories, as shown in the table below. If a covered condition occurs for a covered person while he or she is insured under the certificate proof of the covered condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for the covered condition, provided, however, that:

- a) we will never pay more with respect to any covered person than the Category Benefit Amount for all of the covered conditions listed in any one category; and
- b) we will never pay more with respect to any covered person than the Total Benefit Amount.

Category 1	Category 2	Category 3
Full Benefit Cancer Partial Benefit Cancer Bone Marrow Transplant	Heart Attack Stroke Coronary Artery Bypass Graft Heart Transplant	Kidney Failure Major Organ Transplant

Each time a covered condition for which the policy pays a benefit occurs, a benefit suspension period lasting 180 days starts. During the benefit suspension period, we will not pay a benefit for any covered condition that occurs if it is in a different category of covered conditions from the covered condition that started the benefit suspension period.

Either all or a portion of the Category Benefit Amount is payable, depending on the type of covered condition. If a portion of the Category Benefit Amount is paid for a covered person under the policy, the amount payable for any future claims for that person in that category will be reduced by the amount already paid.

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent covered condition.

100% of the Category Benefit Amount is payable for:

- Bone Marrow Transplant
- Heart Attack
- Heart Transplant
- Kidney Failure
- Major Organ Transplant
- Stroke
- Full Benefit Cancer

25% of the Category Benefit Amount is payable for:

- Partial Benefit Cancer
- Coronary Artery Bypass Graft

Only one benefit for Partial Benefit Cancer and one benefit for Coronary Artery Bypass Graft are payable per covered person, per lifetime.

Benefit Increases

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Increase means a simultaneous increase in both the Category Benefit Amount and Total Benefit Amount.

Benefit Suspension Period means the 180 day period following the date a covered condition, for which the certificate pays a benefit, occurs with respect to a covered person.

Bone Marrow Transplant means the irreversible failure of a covered person's bone marrow for which a physician, who is board certified in hematology or oncology, has determined that the replacement of such covered person's bone marrow with bone marrow from the covered person, or another human donor is medically necessary.

Category Benefit Amount means the maximum aggregate amount, as shown in the certificate, that We will pay for all covered conditions combined in any category of covered conditions, per covered person, per lifetime, as provided under the certificate. There are three categories of covered conditions and they are shown in the Benefits of Your Certificate section of this Outline of Coverage. There is only one Category Benefit Amount in effect at any time for each covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Dependent means the following as defined in the certificate(s): Your spouse and/or dependent child.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.

Heart Transplant means the irreversible failure of a covered person's heart for which a physician has determined that the complete replacement of such organ with an entire heart from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
- a kidney transplant.

Major Organ Transplant means:

- the irreversible failure of a covered person's lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed; or
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the group policy.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Total Benefit Amount means the maximum aggregate amount, as specified in the certificate, that we will pay for any and all covered conditions combined, per covered person, per lifetime, as provided under the certificate or any certificate it replaces.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Bone Marrow Transplant involving bone marrow received from nonhuman donors.

We will not pay benefits for a Heart Transplant:

- performed outside the United States, unless the covered person was placed on the Transplant List prior to the Heart Transplant being performed;
- involving a heart received from non-human donors;
- involving implantation of mechanical devices or mechanical organs; or
- involving stem cell generated transplants.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants;
- involving islet cell transplants; or
- involving a heart being transplanted in combination with any other organ.

We will not pay benefits for a diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

We will not pay benefits for a diagnosis of Full Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer unless there is metastasis;
- any malignant tumor classified as less than T1N0M0 under TNM Staging; or
- any condition that is Partial Benefit Cancer.

We will not pay benefits for a diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

General Exclusions:

We will not pay benefits for covered conditions caused by a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits for any covered condition that does not occur for a covered person while the covered person is insured under the certificate.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent covered condition.

Waiting Period

On the date a covered person's insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person:

- experiences a covered condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person:

- experiences a covered condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, 30 days for all other covered conditions.

8) DEPENDENT INSURANCE

When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. Children will not be covered until they are at least 15 days old. Once you have Dependent Insurance for at least one Dependent Child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate of Insurance.

9) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason.

DATE DEPENDENT INSURANCE ENDS:

A Dependent's insurance will end on the earliest of:

- the date your insurance under the certificate ends;
- the date Dependent Insurance ends under the group policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount has been paid for that Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases insurance may be continued as stated in the section titled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. Please see that section for details.

10) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you and your Dependents are also subject to change at other times as stated in each of the group policies.

<i>SERFF Tracking Number:</i>	<i>META-125889211</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>40778</i>
<i>Company Tracking Number:</i>	<i>NY08-15 WW (RR)</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness Insurance Advertisement</i>		
<i>Project Name/Number:</i>	<i>CI101.08/NY08-15 WW</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	META-125889211	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	40778
Company Tracking Number:	NY08-15 WW (RR)		
TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.001 Critical Illness
Product Name:	Critical Illness Insurance Advertisement		
Project Name/Number:	CI101.08/NY08-15 WW		

Supporting Document Schedules

Bypassed -Name:	Certification/Notice	Review Status:	
Bypass Reason:	N/A	Filed-Closed	11/06/2008
Comments:			
Bypassed -Name:	Application	Review Status:	
Bypass Reason:	N/A	Filed-Closed	11/06/2008
Comments:			
Satisfied -Name:	Fling Letter	Review Status:	
Comments:	Fling Letter.	Filed-Closed	11/06/2008
Attachment:	Fling Letter.pdf		
Satisfied -Name:	NAIC Transmittal Form	Review Status:	
Comments:	NAIC Transmittal Form.	Filed-Closed	11/06/2008
Attachment:	NAIC Transmittal Form.pdf		

Metropolitan Life Insurance Company
501 Route 22, Bridgewater Township, NJ 08807
Tel: 908 253-2290 Fax: 908 253-2126
E-mail: wwilson@metlife.com



Bill Wilson
Group and SBC Contracts & Compliance Division

November 5, 2008

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Critical Illness Insurance Advertisement
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose final printed copies of the group critical illness insurance advertising material described below for filing. This material is new and does not replace any material previously filed with the Department. It was developed for use in connection with group critical illness policies issued and delivered to employers (the GPNP07-CI group policy series and GCERT07-CI certificate series which were approved by your Department on February 8, 2007). Brackets denote variability, which is limited to employee contact information.

Form No.	Description
CI100.08	Letter to Prospective Insureds. This is a letter to employees of the Aon Corporation, with explanatory information, providing the opportunity to secure critical illness insurance under their employer's plan.

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company
Institutional Contracts, MSC 39087
1095 6th Avenue
New York, NY 10036-6796

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of this letter).

Sincerely,

A handwritten signature in cursive script that reads "William D. Wilson".

William D. Wilson
Contract Analyst

NY08-15 WW

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Co. Institutional Contracts MSC 39087 1095 6 th Avenue New York, NY 10036-6796	NY	Life	241	65978	13-5581829	
4.	Contact Name & Address	Telephone #		Fax #		E-mail Address	
	William D. Wilson Metropolitan Life Insurance Co. 501 Route 22 Bridgewater Twnsp, NJ 08807	(908) 253-2290		(908) 253-2126		wwilson@metlife.com	
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number: NY08-15 WW						
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large			
		Group		<input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____			
9.	Type of Insurance	H07 G Group Health – Specified Disease – Limited Benefit					
10.	Product Coding Matrix Matrix Filing Code	H07 G.001 Critical Illness					

11.	Submitted Documents	<input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Personal Worksheet/Rate Disclosure <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATES:</u> _____ Please explain: <u>SUPPORTING DOCUMENTATION</u> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	November 5, 2008
13.	Filing Fee (If required)	Amount \$25.00 Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number EET _____
14.	Date of Domiciliary Approval	N/A
15.	Filing Description: Please see filing letter.	

View Complete Filing Description

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>		
Print Name <u>William D. Wilson</u>		Title: <u>Contract Analyst</u>
Original Signature <u>William D. Wilson</u>		Date: <u>November 5, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		NY08-15 WW
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	Advertising	CI100.08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1